

STATE OF MISSOURI

II

The Board of Certified Court Reporter Examiners

[Attach color photo here]

APPLICATION FOR EXAMINATION AS A CERTIFIED COURT REPORTER

Enclose remittance of \$100 [cashier check or money order] payable to the Clerk of the Supreme Court, P.O. Box 150, Jefferson City, MO 65102. Fed Ex address: 207 West High Street, Jefferson City, MO 65101.

*This application must be typed. It is designed for online completion using Times New Roman, 10.0 font. This form cannot be filed electronically.*

Enter all information, as requested.

Last Name		First Name		MI	Social Security Number	
Street Address				P.O. Box		Apt. #
City	State	Zip	(Area Code) Home Phone		(Area Code) Bus. Phone	

When a “Yes” or “No” answer is requested, please check the correct response.

Are you 18 years of age or older?	Yes	No	Are you a U.S. citizen?	Yes	No
If not, name the document that establishes your identity & employment eligibility to work in the U.S.					
Answer:					
Have you been convicted of a felony?				Yes	No
Do you have a disability, which could necessitate your need for assistance?				Yes	No

EDUCATIONAL BACKGROUND

Complete below, where applicable, and provide all information requested.

	Name of School	Location	Dates Attended	Major Studies	List Diploma/Degree
High School					
Vocational					
Business					
College					
Other					

Õ
 LIST PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

Employer	Phone Number	From	To	If self-employed, give full details & length of time so engaged.
Position Held:				
Name of Company:				
Street Address:				
City, State, Zip:				
Type of Company:				

Position Held:			
Name of Company:			
Street Address:			
City, State, Zip:			
Type of Company:			

à
 PERSONAL REFERENCES

- A.. Check the correct response: I consent to full inquiry and disclosure. I do not consent to full inquiry and disclosure.
- B. List, below, two persons who know your qualifications and/or background and experience. Do not list relatives.

1)					
Last Name		First Name		MI	Occupation
Street Address	Apt / Box #	City	State	Zip	(Area Code) Phone No.

2)					
Last Name		First Name		MI	Occupation
Street Address	Apt / Box #	City	State	Zip	(Area Code) Phone No.

×
 EQUIPMENT & OTHER INFORMATION

- A. My system of reporting is: (check the appropriate response).

Machine Shorthand ( <i>traditional</i> )	Machine Shorthand ( <i>computer aided</i> )	Stenomask ( <i>traditional</i> )	Stenomask ( <i>voice recognition</i> )
Yes No	Yes No	Yes No	Yes No

- B. List equipment that you will be utilizing at the dictation test (i.e., stenomachine, closed microphone, etc.):

Equipment Type	Model #	Make	Color

**C. List equipment that you will be utilizing to prepare your transcript (i.e., computer & printer or typewriter):**

Equipment Type	Model #	Make	Color

**D. Please complete the following (check the appropriate responses; enter date, if applicable).**

First MO CCR Exam?    Yes        No	If no, please enter most recent testing date.        Date:	Requesting a Study Guide    Yes        No
-------------------------------------	--	---

**E. I do hereby certify that the answers to all questions on this application are true and correct.**

Date:

Signature

(Must be signed.)